

# **Missouri Department of Social Services Children's Division**



## **Annual Program Improvement Plan Report Achieving Positive Outcomes for Missouri's Children and Families**



**February 28, 2006**

## **AN OVERVIEW OF MISSOURI'S PROGRAM IMPROVEMENT PLAN Annual Report: February 2005 – January 2006**

This report provides progress on the Program Improvement Plan for the Child Family Services Review (CFSR) for Missouri. The CFSR was conducted the week of December 8, 2003. The CFSR assessed state performance with regards to seven child welfare outcomes for safety, permanency, and well-being and seven systemic factors with respect to the State's capacity to achieve positive outcomes for children and families. The Program Improvement Plan (PIP) was approved and went into effect on February 1, 2005. The first quarterly PIP update was submitted in June 2005 and followed by three more quarterly progress reports.

The overall findings with regards to the state's performance were that Missouri did not achieve substantial conformity with the seven child welfare outcomes assessed through the CFSR. With regards to the systemic factors, the CFSR determined that the State was in substantial conformity with the factors of Statewide Information system; Quality Assurance System; Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with the systemic factors of Case Review System or Service Array.

### **Signs of Progress**

#### **Children's Division Mission and Principles**

On February 6, 2003, Governor Bob Holden issued an Executive Order 03-03 which created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The order became effective on August 28, 2003. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect.

After an extensive review of the organizational needs of the division and with a focus on family-centered practice excellence, a clear vision and mission for the Children's Division emerged. This mission is supported by six guiding principles key to the division's work with children and families.

### **Mission Statement**

***The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.***

## **Guiding Principles**

**Partnership:** Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

**Practice:** The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

**Prevention:** Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

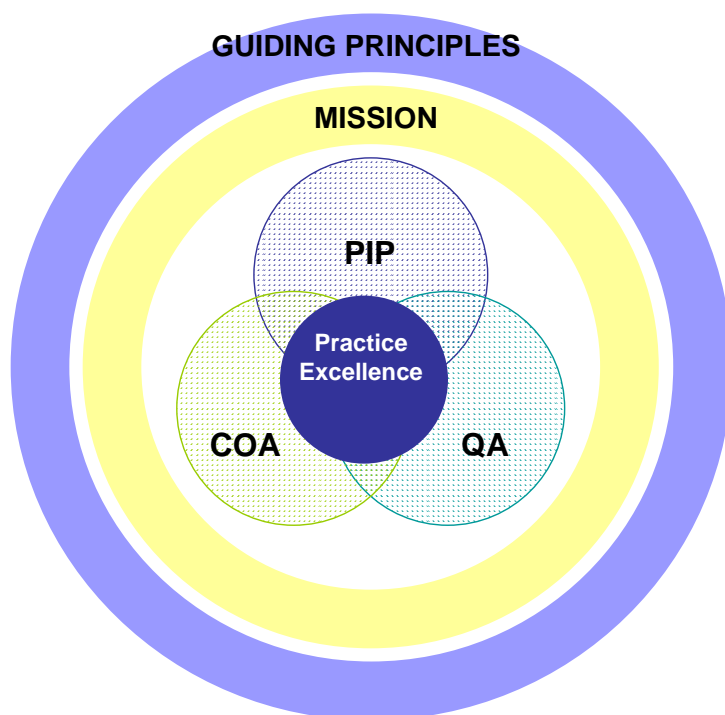
**Protection:** Children have a right to be safe and live free from abuse and neglect.

**Permanency:** Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

**Professionalism:** Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families. The creation of the Children's Division in August 2003 and subsequent reorganization allowed a heightened focus on children's issues and resulted in the creation of a specific mission and guiding principles for the Children's Division.

## **Major Milestones**

The CD believes the PIP, the Continuous Quality Improvement (CQI) process and efforts made toward achieving state accreditation through the Council of Accreditation are intricately tied to one another. During the past year, the division utilized the PIP as a roadmap for practice improvement with the CQI process functioning as a vehicle for change. During this time the division is cognizant of developing solutions which meet best practice standards and are in alignment with our mission and principles.



## **Accreditation**

During the past few years, Missouri's child welfare system has undergone audits and reviews leading to the recognition of the need for change and improvement. The CD responded by devising plans to enhance its practices to better ensure the safety and well-being of children.

The CD is committed to providing quality services to the children and families it serves. As part of the effort to accomplish this, it is the division's intent and goal to meet standards of best practice established by the Council on Accreditation (COA), as specified in House Bill 1453, passed during the FY05 legislative session.

The division must demonstrate to COA that its programs, policies, procedures, and practices are in compliance with COA standards and therefore worthy of receiving accreditation notoriety. As funding permits, the division will seek accreditation on a judicial circuit by circuit basis. Four circuits, along with Central Office and the Hotline, were selected to receive COA site visits in the first wave based on their overall readiness to meet accreditation standards as determined by the circuit self assessments. Site visits scheduled during FYO6 will begin in March and end in June.

In the past year, to meet accreditation standards, staff members have worked to improve casework practice and documentation including but not limited to the following:

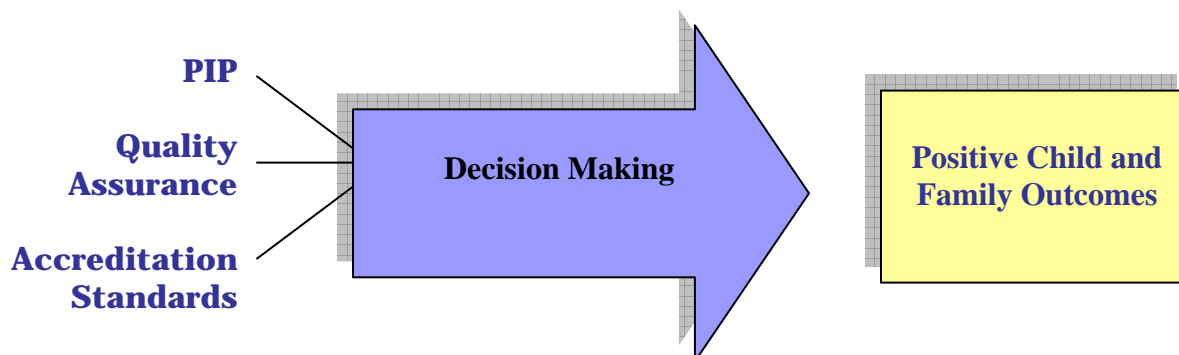
- CPR/ and Basic First Aid Training is now a requirement for all foster and kinship care providers in the first wave circuits to ensure they are equipped to handle medical emergencies that arise with children in their care. This requirement will be extended to other caregivers in each circuit that is put forth for accreditation;
- Cultural Competency Training is being offered, and interview questions were developed to ensure that staff members are sensitive to diverse cultural traditions within the service population;
- Policies addressing clients' rights, communication with special needs clients, and safety of personnel have been developed or strengthened statewide to meet accreditation standards;
- Additional staff contracted to reduce caseload sizes and supervisor to staff ratio;
- Job specifications revised and awaiting approval to increase educational requirements to ensure front line workers are adequately qualified to perform their jobs.

Undergoing the accreditation process speaks to the commitment of the CD in advocating for and fulfilling its mission to ensure safety, permanency, and well-being for Missouri's children and families.

## **The Quality Assurance Unit.**

Accreditation requires the division to develop a plan for continuous quality improvement. As testament of commitment to continuous quality improvement, the Quality Assurance (QA) Unit was formed in December of 2004. The QA unit consists of a QA Unit

Manager and seven regional QA Specialists. Using the PIP as a roadmap, the QA Unit assists in analyzing the information produced by the data system, targets specific areas needing improvement and works with regional and frontline staff through Practice Enhancement Teams to develop local action plans. The QA Unit also partners closely with Regional Field Administrators to meet both regional and statewide quality assurance needs. All of the quality assurance activities in which the Division engages feed into a continuous quality improvement process. The quality assurance data, the PIP, and accreditation best practice standards are used to drive decision making in Central Office and in the field as illustrated below. Decision making based on these components results in continuous quality improvement, process to achieve and positive outcomes for children and families.



With the assistance of the Quality Assurance Unit, each circuit is assessing PIP identified data measures, monitoring them on an ongoing basis, and developing strategies to address areas needing improvement. Circuits are accessing further technical assistance through **Practice Enhancement Teams** (PETs). PETs include a variety of members based on the issue of concern. For example, PETs are currently being convened to address data inaccuracy, to develop a global visitation policy, to examine safety across all program lines, and to determine supports necessary for supervisors.

## Key Progress Related to Outcomes

The CD is committed to systemic changes that will lead to improved practice and outcomes. In the past year, improvements have been made that we believe will have a direct impact in the outcomes of safety, permanency and well being of children.

### Safety

- ➡ Enhanced policy on initiating contact and increased the accuracy of initial contact data
- ➡ Development of local plans to respond more timely to reports of maltreatment
- ➡ Implementation of Call Management and Structured Decision Making Protocols at the CA/N Hotline
- ➡ Strengthened policy on safety assessment
- ➡ Improvement of family assessment and case planning tools

- Strengthened worker/supervisor skills in engaging families in the case planning process
- Enhanced background screening for foster/kinship providers

### **Permanency**

- Increased system capacity to accurately track placement with kinship vendors
- Improved diligent search for relatives/missing parents
- Expanded use of family support team meetings to promote stable placements
- Increased collaboration with the courts
- Collaborated with the Office of State Courts Administrator to explore barriers and expedite guardianship
- Increased the capacity to conduct home studies and finalize adoptions
- Improved access to legal representation for CD staff
- Increased awareness of Chafee program services to staff and community members
- Strengthened worker/supervisory skills in engaging families in the assessment, case planning and case plan review process

### **Well Being**

- Reviewed and in the process of developing a universal handbook for parents addressing rights, responsibilities, and court procedures, etc.
- Increased the ability to access available dental resources
- Increased awareness of staff and foster parents regarding mental health issues
- Increased ability to assess and access available mental health resources

### **Systemic Factors**

- Maximized parental/family involvement in Family Support Team Meetings (FSTM)
- Improved staff facilitation skills for FSTM
- Increased ability to track six months administrative reviews separately from FSTM
- Provided cross training to judiciary, court staff, GALs and CD staff on ASFA and permanency hearings
- Increased ability of foster parents to be notified of and heard in court
- Developed advanced in-service training module for investigations and assessments
- Enhanced On-The-Job training
- Developed three Child/Abuse and Neglect Training Institutes for CD staff
- Increased services to meet the needs of non-English speaking consumers

## Safety And Permanency Outcomes

Outcomes	PIP Quarter-1 FY 2005-3 Performance	PIP Quarter-2 FY 2005-4 Performance	PIP Quarter 3 FY 2006-1 Performance	PIP Quarter 4 FY 2006-2 Performance
<b>Recurrence of Maltreatment</b> NS=6.1% or less	5.5 %	5.1%	4.9%	5.1%
<b>Incidence of Child Abuse and/or Neglect in Foster Care</b> NS=.57% or less	.59%	.53%	.46%	.40%
<b>Children returning home by length of time till reunification</b> NS=76.2% or more	71.5%	70.2%	68.5%	68.2%
<b>Children exiting CD custody to adoption by length of time till adoption</b> NS=32% or more	39.8%	39.2%	39.7%	40.6%
<b>Reduce the number of placements of children in foster care (children in care less than 12 months)</b> NS=86.7% or more	74.0%	73.9%	74.4%	74.9%
<b>Reduce re-entry into foster care</b> NS=8.6% or less	13.1%	7.9%	9.8%	9.0%

## Targeting the “Big 8” Circuits

The Strategic Planning and Performance Section within the CD believes accomplishing the benchmarks within the PIP will ultimately lead to practice improvement, but accomplishing the many tasks may not automatically result in improved data outcomes. In addition to the activities underway in the PIP, we recognize that in order to pass the six federal outcomes, we should also target improvement strategies in the larger jurisdictions. The Strategic Planning and Performance Section targeted eight circuits with the most children in custody. A series of conference calls have been held and will continue on a quarterly between regional/circuit administration and the Strategic Planning and Performance Unit to discuss circuit performance on outcome measures.



Each circuit has been asked to further analyze the results and develop an action plan in the area of improvement needed.

## **Training and Technical Assistance**

In early 2005, the CD staff met with consultants from the National Child Welfare Center for Organizational Improvement (NRCOI) to assess needs for technical assistance as identified in the PIP. Eight key strategies were identified:

- Safety across the board;
- Improved family assessments;
- Expanded/Enhanced Family Support Team meetings;
- Older youth issues;
- Reinforcing concurrent planning;
- Visitation (worker/parent/siblings);
- Supporting supervisors; and,
- Recruitment and retention of resource families, including relative homes.

These key strategies would complement the activities within the PIP and will help shape practice throughout the child welfare continuum. After considering a systemic approach to the key strategies and the activities and timelines outlined in the PIP, the immediate priorities were identified:

- Assistance in developing a supervisory case review tool to be used by supervisors on an ongoing basis to enhance the qualitative and quantitatively aspects of case record review.
- Safety “across the board” technical assistance to enhance safety and risk throughout our entire child welfare practice.
- Enhancing supervisory skills, assisting supervisors in coaching and mentoring staff and providing support.
- Improved family assessments

In addressing the priorities above, these major training and technical assistance initiatives have been implemented:

- A supervisors’ workgroup, facilitated by NRCOI, addressing the development of a supervisory review tool, clinical supervision, and enhancements and supports for supervisors. This group met four times: June, August, October and November 2005. The workgroup consisted of front line supervisors from each region, a circuit manager, three social work specialists, a QA specialist, a training manager, a co-principal investigator of the Role Demonstration Project from UMC and two CD central office staff.

An extensive Child Welfare Supervision Strategic Plan was developed and presented to the CD’s Executive Team in January 2006. The workgroup present the findings of the current state of child welfare supervision and a plan to better



support supervisors and improve supervision. The plan addresses strategies in 1) supervisor training; 2) supervisor support; 3) casework practice; and 4) management/administrative supervision/communication/community.

- A comprehensive assessment of safety “across the board” by the National Resource Center for Child Protective Services (NRC-CPS). In evaluating the CD’s approach to safety, NRC-CPS conducted a thorough review of policy, practice, procedure, information system, staff development, supervision, program management and quality assurance. An observation made was that Missouri is further along than some states in understanding there are salient differences between the concepts of safety and risk in assessing and intervening with children and families. Some of the more distinctive recommendations include:
  - ▶ A safety assessment model that forces a decision finding of safe or unsafe instead a model with three findings: safe, conditionally safe, or unsafe.
  - ▶ More precise definition of key terms differentiating between safety and risk.
  - ▶ Current approach to safety is heavily incident based; instead consider introducing the concepts of present and impending danger.
  - ▶ Policy needs to specify that safety is addressed at all key decision points during involvement with the family and at any point where significant changes occur instead of factors fixed in time.
  - ▶ Uses both a safety and risk assessment process; asks if safety is sufficiently addressed throughout life of case, is there a need for a risk assessment.
  - ▶ Inconsistencies in policy that provide varying expectations of staff in terms of removal and return.
- A Visitation Workgroup to review current policy and practice on visitation through CD’s continuum of services. In May 2005, the Visitation work group was convened to review current policy and practice on visitation through CD’s continuum of services. After a thorough review, the work group provided recommendations for a comprehensive visitation policy that addresses safety, quality, and purpose of visits, frequency and guidelines. Various visitation forms and checklists were developed. A policy memo will be developed from these recommendations. A TA request was made to NRC- CPS to review the work group’s recommendation and provide input regarding visitation.
- The Visitation Workgroup was also charged with addressing child safety issues at and throughout placement. In addition to reviewing policies and practices regarding visitation, the work group addressed safety assurances throughout the division’s scope of services. A TA request was made to NRC- CPS to review the work group’s recommendation and provide input on safety.

- The CD has been working with the National Resource Center for Family-Centered Practice and Permanency Planning (NRC-FCP&PP) on improving recruitment and retention results. A workgroup has been selected to meet with NRC-FCP&PP for the first on-site meeting during January 2006. The key strategies presented include:

- ▶ Messaging and materials – linkage between philosophy, training and practice;
- ▶ Response – Take a look at the process;
- ▶ Relationship building between the resource and birth families and resource families and the agency;
- ▶ Data driven activities;
- ▶ Population specific recruitment;
- ▶ Culturally sensitive recruitment; and,
- ▶ Planful partnerships with the community.

Subgroups have formed to address many of the strategies indicated above including: Intake and Materials/Messages; Data: Transfer of information to resource families from worker; Role of resource families in working with birth parents; and Recruitment within existing homes.

## **Improved Family Assessments**

During the past 12 months approximately 30 training sessions were provided throughout the state to introduce the new Family-Centered Services Family Assessment Packet (CD-14). This tool is designed to assist staff in conducting more thorough and comprehensive assessments of family's history, structure and functioning; identifying family strengths, supports and service needs and translating those strengths, supports and service needs into meaningful service plans. A memorandum was distributed to staff in December 2005 introducing the new CD-14 and revisions to related policy and procedures investigation/family assessment response; Family Centered Services family assessment and service planning and Family Centered Out-of-Home Care policy.

## **Reinforcing Concurrent Planning**

Concurrent planning is an approach that requires the participation of both the courts and the CD. Effective concurrent planning requires not only an alternative plan be identified but also active efforts be made toward both plans simultaneously with the full knowledge of all case participants.

From the onset of the partnership between the CD and Office of State Courts Administrator – Judicial Education, the goal of multi-disciplinary training has been to enhance the ability to have high-quality statewide consistency, understanding, and implementation of laws, policies, and procedures among court and CD personnel. While the Comprehensive Child Welfare Conference (held February – May 2005) was

successful, the evaluation report provided by the Institute of Public Policy suggested several items to be considered when developing multi-disciplinary programs in the future including addressing the strained relationships through circuit training with teams composed of juvenile officers, CD staff and judges.

In response to the report, Concurrent Planning is one of the three multidisciplinary programming that is proposed for fiscal year 2006, along with Teamwork, Collaboration and Communication Pilot Program and Courtroom Skills.

## Older Youth Issues

The transition into adulthood presents challenges for all young people, but for youth “aging-out”, facing adulthood can be a frightening prospect. The CD feels strongly that programs designed to help young people leaving foster care should have specific elements and characteristics. Such programs should:

- Involve them in planning for and making decisions about their own futures;
- Facilitate connections with individuals and institutions (96%) in their Communities;
- Teach young people about managing and saving money; and,
- Making education a priority.

The CD administration has made the decision to utilize private contractors to provide independent living services to older youth ages 14-21. An Older Youth Workgroup consisting of staff from across the state was formed to look at how CD's programs and services are preparing older youth to transition from foster care. The workgroup's review identified multiple moves, lack of consistent adult advocates, lack of educational planning and poor communication as barriers. The workgroup provided three general recommendations and nine specific recommendations for consideration. The general recommendations are:

- Develop *Older Youth Transition Action Teams* in each county or circuit consisting of community members.
- Utilize a comprehensive *Adolescent Family support Team Guide and Individualized Action Plan* to assist team members through the FST process addressing specific youth issues.
- Incorporate into the Child Welfare Manual a chapter that is easily accessible and designated to working with older youth.

The specific recommendations are as follow:

- Provide caregiver training and supports
- Transition planning
- Develop a wraparound systems approach
- Education as a significant component in the successful preparation and transition into adulthood

- Continue providing Independent living life skills training
- Utilize the Ansell-Casey Life Skills Assessment
- Providing aftercare service planning prior to the youth leaving state custody
- CD policy and the state's Chafee plan must be congruent
- Develop a formalized means of data collection using the SACWIS system.

The CD will also be accessing technical assistance from the National Child Welfare Resource Center for Youth Development on contracting out older youth services.

## **Non Child Abuse and Neglect Referrals**

The CD is in the beginning stages of looking at re-directing calls that do not meet the statutory definition of child abuse and neglect through the Child Abuse and Neglect Hotline. With limited resources, the CD is trying to make every effort to focus attention and resources on its core functions. Missouri's hotline received more than 107,000 calls in Fiscal Year 2005. Of those calls, 53 percent (nearly 57,000 calls) met the criteria set forth in policy, based on Missouri statutes, for child abuse and neglect.

Approximately 31 percent of the calls to the hotline (nearly 34,000 calls) did not meet the criteria for abuse or neglect and were accepted as non-CA/N referrals. These callers have concerns about children that do not rise to the level of child abuse or neglect and often need referral information for assistance like mental health services, suicide prevention information, etc. These calls include calls from those mandated by state law (Chapter 210 RSMo.) to report concerns to the hotline (classified as M referrals); preventive services referrals (P referrals) that can come from any reporter who believes that an incident, such as a suicide, can be prevented if the child can receive services to help him or her; and non-caretaker referrals (N referrals) involving concerns about the treatment of children by people who do not have care, custody or control of the children, which is required by statute in order for child abuse or neglect to be found. These calls, while important, are not statutorily mandated nor part of the hotline's core function.

Investigations and assessments for child abuse and neglect must be the division's top priority and field staff must be available to work with families where child abuse and neglect is occurring. Under the new protocol, the non-CA/N referrals will be screened to see if they meet the criteria for abuse or neglect. If they do not, the callers will be re-directed immediately to local resources. Hotline workers will have a directory of services from around the state and will provide the caller with all information necessary to connect with the local service provider. The new protocol will provide immediate resources to callers and will free up local staff to respond to CA/N reports. This allows resources to be concentrated on actual abuse and neglect reports.

## **The Supervisory Case Review Tool**

One of the key strategies of Missouri's PIP for improving practice and outcomes is training and support for supervisors. Improvement in supervisory capacity to monitor

case planning practice is critical to quality supervision. The division continues to refine the standardized supervisory case review tool (SCRT) that will be used by supervisors to ensure best practice and to assist them in their clinical consultation with their staff. In the past several months, the SCRT has gone through several revisions after field tests. Sampling methodology has been discussed to include recommendations that supervisors will review two hotline cases from each worker each month. For Family Centered Services and Family Centered Out-of-Home case, the tool will be applied to one case from each worker per month. Currently we are working on the automation of the tool. A memorandum will be disseminated to staff explaining the SCRT process when the tool is ready for statewide use. A training plan will be developed to instruct supervisors in the effective use of the tool.

## Community Partnerships

### Office of State Courts Administrator

The Children's Division (CD) continues to maintain a strong working relationship with the Office of State Courts Administrator (OSCA), the administrative support arm of Missouri's state court system. Through the **Juvenile Court Improvement Project** (JCIP), the Juvenile and Adult Courts Division works closely with CD staff to achieve timely and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of children in permanent homes. JCIP staff work with CD staff to address deficiencies identified in the State's CFSR. CD funds and also assists with the development and presentation of multi-disciplinary training programs, which brings together key stakeholders in the child welfare system, including juvenile and family court judges, juvenile court staff, guardians ad litem, CASA volunteers, and foster parents.

The Missouri Juvenile Justice Information System (MOJJIS) Task Team has worked to develop an information sharing system between OSCA, the juvenile and family court divisions of the circuit courts, and the departments of social services, mental health, elementary and secondary education, and health and senior services.

The MOJJIS Task Team has worked to create a secure electronic process that enables multiple state agencies responsible for services to delinquent and abused/neglected youth to share information and coordinate services. The long-term goal of the endeavor is to improve the assessment, intervention, and tracking of juveniles across agency boundaries throughout the state in order to reduce duplicate services and provide more appropriate treatment/services during a child's contact with one of the above named agencies.

### Department of Mental Health (DMH)

With the passage of Senate Bill 1003, in 2004 (the Children's Mental Health Reform Act) the Department of Mental Health (DMH) was directed to partner with other child

serving agencies in developing a plan for a “Comprehensive Children’s Mental Health Services System”. The CD and the DMH collaborate through the implementation of joint projects in an effort to accomplish a number of goals including the following:

### **Custody Diversion Protocol**

Originally piloted during late 2003 in the 12<sup>th</sup> and 21<sup>st</sup> Circuits, the Custody Diversion Protocol has been implemented statewide since January 2005. Its goal is to divert youth from entering CD custody solely for the purpose of accessing needed mental health services.

Through January 2006, a total of 160 youth were referred via the protocol. Of those referred 94% were diverted from entering CD custody and of those, 51% were maintained in the community.

### **Voluntary Placement Agreement (VPA)**

During late 2004, the CD obtained permission from the Department of Health and Human Services’ Administration for Children and Families with the approval of an amendment to the state’s Title IV-E Plan to offer a Voluntary Placement Agreement to families *referred through the Custody Diversion Protocol* and for whom the Department of Mental Health was recommending that their child required temporary placement out of the home. A VPA allows for such a clinically indicated out of home placement while a parent *retains legal custody* of their child.

The VPA became available for implementation in February 2005. As of February 1, 2006, thirty-eight (38) youth statewide were being served through a VPA.

### **Senate Bill 1003**

With the passage of SB 1003 in 2004, DMH and the CD were charged with examining the population of youth currently in CD custody and identifying those youth whose custody was transferred to the CD solely for the purpose of accessing mental health services. Once identified SB 1003 further directed that recommendations be made to the court so that the child’s custody may be returned to the parent.

Working from an initial list of approximately 600 children in CD custody who appeared to meet criteria, Family Support Team (FST) meetings were convened for over 100 children, and recommendations were crafted regarding a return to parental custody. Through July 2005, the court restored parental custody in 38% of the FST recommendations. The court continued children in CD custody in the remaining 62%.

Since the original review process, the CD has identified six youth who have entered CD custody as meeting SB 1003 criteria, five have since returned to the parents’ custody. Based on this small number of youth, it appears the Custody Diversion Protocol is working as planned.



## **Performance Based Contracting (PBC)**

The CD believes child welfare services can best be provided through a public/private partnership. While the roles have changed over time, public and private sectors have always been involved with child welfare. House Bill 1453 signed into law in August 2004 requires the CD to enter into contracts with qualified providers for the provision of comprehensive services for the child welfare population and requires contractors to be evaluated on objective, consistent, and performance-based criteria.

CD first met with the private sector to discuss a performance based contracting in February, 2003. Regional meetings were held with stakeholders in January, 2004. Stakeholders included current contracted providers-case management; Intensive-In-Home Services, Family Reunion Family focused residential; courts; advocacy groups; and Division staff. Sub-committee meetings held in February, March, April, and June 2004 focused on provider/personnel qualifications, outcomes, and enrollment.

A Request for Proposal for Performance Based Case Management Services was released in March 2005. This contract is being piloted in the St. Louis, Kansas City, and Springfield regions. Cases were referred in September, 2005 and 1,950 cases were assigned. One thousand two hundred sixty cases were transferred to private contractors in St. Louis region (St. Louis City, St. Louis County, Jefferson, and St. Charles), 480 cases in KC region (Jackson, Andrew/Buchanan, Clay) and 210 cases in Greene County.

CD contracted with the University of Missouri-Columbia (UMC) to assist in caseload assignment. Caseloads were equalized with regards to average age, race, sex, and length of time in care. UMC will complete the independent evaluation after one year of data has been gathered to include outcomes, barriers, successes, and provide recommendations for improvement. Outcomes related to permanency, safety and stability will be monitored on a quarterly basis.

## **Public/Private Universities**

### **University of Missouri-Columbia**

As indicated above, the CD currently partners with UMC through the PBC contract and the Role Demonstration Project for front line supervisors. The University of Kentucky, one of the Quality Improvement Center established by the Department of Health and Human Services Administration for Children and Families provided funds for a three and a half year demonstration and research project. The objectives of this project are to improve clinical competence of front-line supervisors and their workers and to change organizational culture of child welfare treatment services.

Through this project UMC and CD faculty trained 35 supervisors from the St. Louis and Southeast Region to support the work of front-line workers with families. A progressive



professional development curriculum focusing on the supervisor as a clinical practitioner was developed and revised from staff input. In September 2005, a graduation ceremony was held to recognize these supervisors for their accomplishments.

A Child Protective Services Project Advisory Board was convened through a mutual grant with UMC, Prevent Child Abuse Missouri, and CD. In the fall of 2002 the advisory began to meet to oversee the implementation of the project, including curriculum development, research evaluation, and assignment of teaching staff. The advisory has also been charged with developing plans for the final six months of this project. They will be addressing how to gather and evaluate data for the project and deciding on how and to whom to communicate the findings and designing proposal(s) for continued training and implementation steps.

An advisory board will also exist as part of the independent evaluation of the PBC contracts. This evaluation will include qualitative analysis. The advisory board consisting of the Executive Directors from the seven contracted agencies, the CD Interim Director, Deputy Director, the five Regional Coordinators and the project leader, will meet twice per year. It will function to keep public/private sectors informed of the evaluation process and allow for a forum for UMC to bring problems and concerns identified through the evaluation process.

### Washington University

The CD and Washington University invited researchers across Missouri to join in a discussion of mutual research interests. The planning conference hosted by Washington University, Center for Mental Health Services Research was held on December 1, 2005. It provided an overview of ongoing research involving CD and the ways in which the CD makes use of research to improve child welfare services. The conference provided an opportunity for collaboration among members of the research community and CD staff. Participants worked together to develop a vision for the partnership and commitment for ongoing communication. Specific objectives included:

- Assisted the CD in identifying key stakeholders;
- Research community to communicate what research is being conducted and its relevance to the CD;
- Provided researchers with a better understanding of the CD's knowledge needs and priorities and how researchers can help.;
- Assisted the CD with how researchers choose what research projects to undertake; and,
- Creating a network to increase communication, disseminate research findings, and integrating finding into CD practice.

UMC has agreed to host a similar conference in the future.

## Looking Forward

In the past year, the CD has made much progress in many areas through the PIP and our continuum of child welfare services. We will spend the next year focusing on strategies to achieving those actions and benchmarks that have yet to be addressed, and sustaining the improvements once made. Below are some initiatives that we are undertaking to improve our practice in providing services to children and families.

### Improving Supervisory Training and Support

During the past year, the CD has focused on supervision as a strategy for improving practice and outcomes. In the next year, we will be looking beyond norms and the needed cultural shifts to improve training and support for front line supervisors. The Supervision Workgroup through a very specific strategic plan addressed four approaches: Supervision training; Supervision support; Casework practice; and, Management/Administrative supervision/Communication/Community.

In the upcoming year, the CD will address the changes in values and practices to be successful in improving practice and outcomes. These include:

- Moving towards becoming a learning organization; using data at every level to learn what data tells us about practice.
- Recognizing how staff is treated is reflective of how they treat the families they work with.
- Moving towards proactive supervision.
- Valuing and supporting supervision by opening up communication lines, developing supervisory skills, supporting clinical licensure and educational opportunities.

The three and a half year supervisory Role Demonstration and research project with the UMC has been concluded. The results of this collaborative effort are being incorporated into a state-wide training. A meeting of the CD administrative staff including circuit managers, regional directors, field support managers, and supervisor IIIs will be held on March 24, 2006 to brief them on the background of the new curriculum, provide an orientation to the content and philosophy and discuss implementation plans.

### Training and Technical Assistance

The CD will continue to request training and technical assistance from several of the National Resource Centers (NRC). In 2006, we anticipate accessing the NRC for Youth Development to assist us in privatizing services for older youth and further advancement of our Culture of Care Initiative; NRC-FCP&PP to help further strengthen our efforts with placement stability and the Collaboration to AdoptUSKids on recruitment and retention of resource families.

## **Practice Development Reviews**

The Practice Development Reviews (PDR) uses a performance appraisal process to conclude how children and families are benefiting from services. Through the process, strengths and areas needing improvement are identified to achieve improved system performance and strengthened front-line practice. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the of the service system. Each year there are at minimum ten PDR scheduled throughout the state. PDR trainings are held for any staff and community partners who have not, but are interested in participating in a review. The number of trainings scheduled is based on needs in the region.

## **Practice Enhancement Trainings**

The Policy and Program Unit within Central Office is in the process of developing Practice Enhancement Trainings as the result of identified needs in the field. This PowerPoint training scheduled to begin in mid March will target those circuits with specific needs relating to FCS and SDM policy and procedures, child fatalities, quality of home visits and other practice concerns. The PowerPoint will be available to the circuits to provide subsequent trainings to all new and existing staff.

## **Statewide Automated Child Welfare Information Systems (SACWIS) & Family and Children's Electronic System (FACES)**

The intent for establishing requirements for the development of an automated case management system is to provide child welfare staff with an improved automated tool that will reduce or eliminate paper processes, redundant data entry, manual processes, and many other time consuming administrative processes. The CD is committed to SACWIS development to benefit Missouri's families and staff. FACES is Missouri respond to SACWIS requirements.

## **Investigation and Assessment**

The design for Investigation & Assessment has been completed. The new system has undergone extensive testing, including User Acceptance testing. Training and implementation occurred in one circuit during the months of January and February 2006. Statewide implementation is scheduled to occur during the months of March through May 2006. Statewide systems training and conversion of legacy data will occur March 2006 through May 2006. CA/N legacy system will be retired after statewide conversion.

## **Case Management**

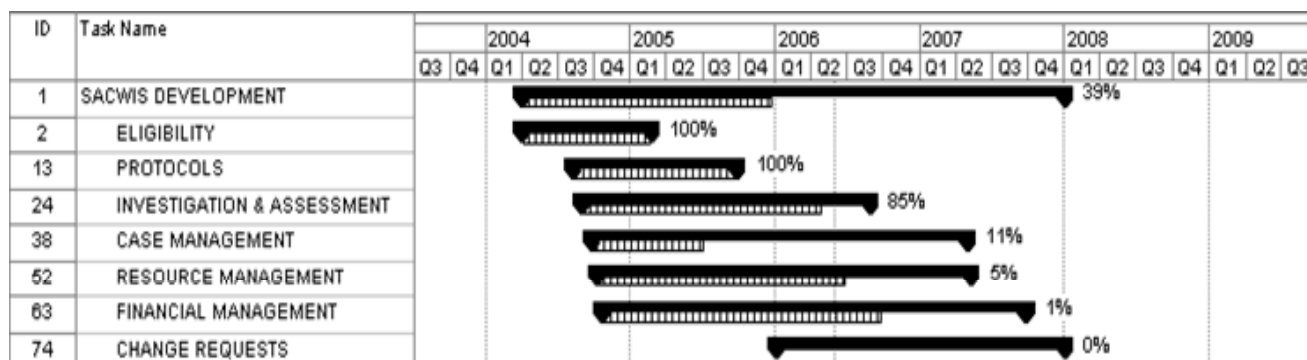
CD staff statewide is assisting in information gathering for the business requirements for case management. Walk-through sessions have been held with the user group to

confirm the accuracy and completeness of the documented business requirements. Drafting of the design has started. Beginning in November 2005, monthly meetings were held and will continue March 2006 to walk through the proposed system functionality to help ensure the designed automation will meet the needs of CD staff with case management responsibility.

There will be continued analysis and design efforts through April 2006. Design walkthroughs will be conducted and user sign-off will be obtained. Programming will occur February 2006 through July 2006. Application testing, regression testing and User Acceptance Testing will occur July 2006 through August 2006 with pilot implementation/conversion in September 2006 and statewide conversion to follow into 2007. Systems training will be conducted immediately prior to conversion of each Circuit.

## Resource Management & Financial Management

Business requirement gathering will begin in July 2006, with analysis and design efforts to follow and continue into 2007.



## Conclusion

As the CD enters in the second year of the PIP, we are busy working on activities to complete all the action steps and pass the data measures. For those measures that we have not yet reached our goals, we are continuing to track and analyze the data. Finally, we have made major advances in several key areas over the last year and anticipate addressing many priorities including but not limited to: addressing placement stability; updating our safety and risk assessment, holding timely Family Support Team /Permanency Planning Review meetings and increasing the number of children placed with relatives.